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PATENT, TRADEMARK
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

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Date: January 21, 2009

FACSIMILE COVER LETTER

Facsimile Number: 571 273-8300

To: Examiner J. Nagpaul
Group Art Unit 1797, USPTO

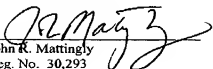
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/069,578
Attorney Docket No.: ASA-1070

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and
Amendment.**


John R. Mattingly
Reg. No. 30,293

January 21, 2009

Date

Total Number of Pages (including cover sheet): ____

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Form PTO-1083

Patent

In RE application of T. SHIBUYA et al

Case Docket No. ASA-1070

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Serial No.: 10/069,578

Group Art Unit: 1797

JAN 21 2009For: AUTOMATIC ANALYZER AND RACK
TRANSFER DEVICE

Examiner: J. Nagपाल

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)
Claims Remaining After Amendment	Minus	Highest No. Previously Paid For	**	Present Extra
Total	Minus		**	=
Indep.	Minus		***	=

☐ First presentation of Multiple Dependent Claims

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
X 25	\$		X 50	\$
X 100	\$		X 200	\$
X 180	\$		X 380	\$
Total	\$	OR	Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached for
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

John R. Mattingly
 John R. Mattingly, Reg. No. 39,293
 Attorney for Applicant(s)

Date: January 21, 2009

RECEIVED
CENTRAL FAX CENTER**JAN 21 2009**
ASA-1070**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/069,578 Confirmation No. 3832
Applicant : T. SHIBUYA et al.
Filed : February 27, 2002
Title : AUTOMATIC ANALYZER AND RACK TRANSFER DEVICE
TC/AU : 1797
Examiner : J. Nagpaul
Customer No. : 24956

AMENDMENT

MAIL STOP: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 21, 2008, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of
this paper.

Remarks begin on page 8 of this paper.